REMARKS

No amendments are made by this response. Claims 1-37 remain pending.

35 U.S.C. § 103 - Claims 1-4, 8-11, and 15-19

Applicant requests reconsideration of the rejection of claims 1-4, 8-11, and 15-19 under 35 U.S.C. § 103(a) as being unpatentable over US Patent 5,772,585 (Lavin) in view of US Patent 7,593,952 (Soll). Each of the claims recites a medical records system comprising: a central computer connected to a global computer network having a medical records database; a patient computer connected to the global network remote from the central computer having a patient interface program adapted to permit a patient to input medical history and biographical information into the medical records database and to authorize a health care professional to access at least a portion of the individual medical records of the respective patient; and a health care computer connected to the global network. A thorough examination of the claims makes clear that the recited system includes a patient computer having a program adapted to perform **two** functions: (1) permitting a patient to input medical history and biographical information into the medical records database; and (2) **authorizing a health care professional to access at least a portion of the individual medical records of the respective patient**.

As recognized in the Office action, Lavin fails to disclose or suggest a system having the recited patient computer. The Office points to Soll as disclosing the patient computer recited in the claims. In particular, the action cites Fig. 3: capture medical history; Col. 7 lines 14-33; and Col. 12 line 55 through Col. 13 line 19. The cited portion of Fig. 3 (i.e., Capture Past Medical History) is directed to the first function performed by the patient computer. The passage cited in column 7 is headed "Accurate, thorough patient assessment." This passage is also directed to permitting a patient to input medical history and biographical information. The passage does not relate to the second function required by the claim, i.e., to authorize a health care professional to access at least a portion of the individual medical records of the respective patient. Finally, the passage beginning in column 12 describes Figs. 1-3. These figures depict

various elements of the patient experience, which does not include the second function of the recited patient computer program. Neither the primary reference nor the second reference discloses or suggests the second recited function of the patient computer program. Accordingly, when viewed together the cited references fail to disclose or suggest a patient computer as claimed. Because the references fail to suggest the claimed invention, the Section 103 rejection is improper and should be withdrawn.

35 U.S.C. § 103 - Claims 20-27 and 29-31

Applicant requests reconsideration of the rejection of claims 20-27 and 29-31 under 35 U.S.C. § 103(a) as being unpatentable over Lavin in view of Soll. Each of the claims recites a method for providing health care services comprising: acquiring individual medical records from each patient; obtaining permission from a particular patient to store the individual medical record of that patient; storing said records; **obtaining authorization from a particular patient to grant a health care professional access to at least a portion of the corresponding individual medical record of that patient**; and permitting the authorized health care professional to access the portion of the specific records in the database corresponding to the particular patient.

The Office action rejects claim 20 for the same reason as claim 1. The references, taken alone or in combination, fail to disclose a method including the step of obtaining authorization from a particular patient to grant a health care professional access to at least a portion of the corresponding individual medical record of that patient. Because the references fail to suggest the claimed invention, the Section 103 rejection is improper and should be withdrawn.

35 U.S.C. § 103 - Claims 32-34

Applicant requests reconsideration of the rejection of claims 32-34 under 35 U.S.C. § 103(a) as being unpatentable over Lavin in view of Soll. Each of the claims recites a method for providing health care services comprising: establishing rules for delivering and receiving health care services; acquiring individual medical records from each patient; requiring a particular patient to update the medical record; storing said records; **requiring authorization from the particular patient to grant a health care**

professional access to at least a portion of the corresponding individual medical record of that particular patient prior to receiving health care services from the health care professional; requiring the authorized health care professional to review the portion of the record; and requiring the authorized health care professional to provide an accurate record of the health care services rendered.

According to the Office action, the step of requiring authorization from a particular patient is disclosed in Lavin. In particular, the action cites Lavin, Col. 8 line 60 through Col. 9 line 8, and Col. 10 line 59 through Col. 11 line 29. The passage beginning in column 8 describes how a physician enters data, views patient history and records diagnoses. The passage does not describe requiring authorization from a patient or even seeking authorization. The passage beginning in column 10 describes how a physician records progress notes. This passage also fails to describe requiring authorization as recited in the claims. Neither the primary reference nor the second reference discloses or suggests the recited step of requiring authorization from the particular patient to grant a health care professional access. Thus, when viewed together, the cited references fail to disclose or suggest the requiring authorization step as claimed. Because the references fail to suggest the claimed invention, the Section 103 rejection is improper and should be withdrawn.

35 U.S.C. § 103 - Claims 35 and 36

Applicant requests reconsideration of the rejection of claims 35 and 36 under 35 U.S.C. § 103(a) as being unpatentable over Lavin in view of Soll. Each of the claims recites a method for delivering health care comprising: determining user eligibility; determining provider eligibility; establishing rules for the administration of the health care service system; determining reasonable costs for health care products and services; determining health care services that will be paid; dispersing payment; ensuring availability of health care services; eliminating unnecessary health care services; guiding development of future services; monitoring users' compliance with established rules; monitoring providers' compliance with established rules; and enforcing all rules of the health care service system.

According to the Office action, the first step (i.e., determining user eligibility) is taught by the Lavin Abstract. This is **not** true. The Lavin Abstract discusses a system and method for managing patient information to facilitate physician access to and recording of exam data. User eligibility is not discussed in the referenced passage of Lavin.

The Office action also asserts the second step (i.e., determining provider eligibility) is taught by the Lavin Abstract. This also is **not** true. Provider eligibility is not discussed in the referenced passage of Lavin.

With respect to the third step (i.e., establishing rules for the administration of the health care service system) the Office claims it is disclosed in Soll in column 15 lines 48-67. The cited portion of the Soll specification describes a method of educating patients so they can provide informed consent to treatment. This is **not** the claimed step of establishing rules for administration of the health care system. The step of establishing rules is not discussed in the referenced passage of Lavin.

The Office asserts the fourth through sixth steps (i.e., determining reasonable costs of health care, determining what will be paid, and dispersing payment) are taught by Lavin in column 12 lines 39-55, but this passage describes how a physician workstation operates. Clearly, the passage does **not** disclose the recited steps.

For the final step, the Office references US Patent Publication 2001/0041991 (Segel), which was not cited when making the Section 103 rejection. Moreover, Segel was shown **not** to be prior art in the response filed August 4, 2010. Thus, the Section 103 rejection is fatally flawed in numerous ways. Accordingly, the Section 103 rejection should be withdrawn.

35 U.S.C. § 103 - Claim 37

Applicant requests reconsideration of the rejection of claim 37 under 35 U.S.C. § 103(a) as being unpatentable over Lavin in view of Soll. Each of the claims recites a health care process comprising: inputting pertinent and accurate medical and biographical data into a health care service user-controlled electronic medical records database stored on a machine readable memory; seeking health care services only when necessary; authorizing certain health care service providers access to applicable

information in their biographical and medical records database; using the provided services, products, therapies, or treatments as prescribed by the health care service provider; reviewing data inputted by any health care service provider into the biographical and medical records database for accuracy; and reporting any inaccuracies in the data inputted by the health care service provider.

Even though the steps of claim 37 differ from those of claim 35, the Office asserts claim 37 is rejected for the same reasons as claim 35. The Office clearly has failed to make a *prima facie* case of obviousness with respect to claim 37. According, Applicant is not obligated to make any argument. Either the Office must meet its burden of proof or it must allow the claim.

35 U.S.C. § 103 - Claims 5-8 and 12-18

Applicant requests reconsideration of the rejection of claims 5-8 and 12-18 under 35 U.S.C. § 103(a) as being unpatentable over Lavin in view of Soll and further in view of US Patent 6,694,042 (Seder). Each of the claims recites a medical records system comprising: a central computer connected to a global computer network having a medical records database; a patient computer connected to the global network remote from the central computer having a patient interface program adapted to permit a patient to input medical history and biographical information into the medical records database and to authorize a health care professional to access at least a portion of the individual medical records of the respective patient; and a health care computer connected to the global network. A thorough examination of the claims makes clear that the recited system includes a patient computer having a program that permits the patient to perform **two** functions: (1) permitting a patient to input medical history and biographical information into the medical records database; and (2) **authorizing a health care professional to access at least a portion of the individual medical records of the respective patient**.

As discussed above with respect to claim 1, neither the primary reference nor the second reference discloses or suggests the second recited function of the patient computer program. Two portions of the tertiary reference are cited. The cited portions describe printing documents with machine readable indicia. The portions do not

disclose or suggest authorizing a health care professional to access at least a portion of the individual medical records of the respective patient. Because none of the references disclose or suggest this element, when viewed together the cited references fail to disclose or suggest a patient computer as claimed. Because the references fail to suggest the claimed invention, the Section 103 rejection is improper and should be withdrawn.

35 U.S.C. § 103 - Claim 28

Applicant requests reconsideration of the rejection of claim 28 under 35 U.S.C. § 103(a) as being unpatentable over Lavin in view of Soll and further in view of Seder. Each of the claims recites a method for providing health care services comprising: acquiring individual medical records from each patient; obtaining permission from a particular patient to store the individual medical record of that patient; storing said records; **obtaining authorization from a particular patient to grant a health care professional access to at least a portion of the corresponding individual medical record of that patient**; and permitting the authorized health care professional to access the portion of the specific records in the database corresponding to the particular patient.

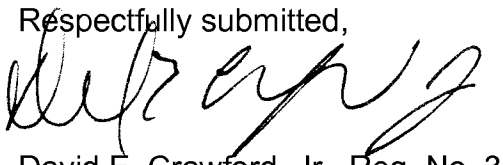
As discussed above with respect to claim 20, the primary and second references fail to disclose a method including the step of obtaining authorization from a particular patient to grant a health care professional access to at least a portion of the corresponding individual medical record of that patient. The cited portions of the tertiary reference describe printing documents with machine readable indicia. The portions do not disclose or suggest obtaining authorization from a particular patient to grant a health care professional access to at least a portion of the corresponding individual medical record of that patient. Because none of the references disclose or suggest this element, when viewed together the cited references fail to disclose or suggest a patient computer as claimed. Therefore, the Section 103 rejection is improper and should be withdrawn.

Conclusion

The claims are allowable for at least the reasons set forth herein. Applicants request that claims 1-37 be allowed.

The Commissioner is hereby authorized to charge any deficiency or credit any overpayment of any required fee during the entire pendency of this application to Deposit Account No. 19-1345.

Respectfully submitted,



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